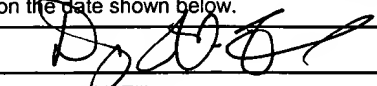


3626
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|--|----------------------|------------------------|----------|
| PTO TRANSMITTAL FORM (to be used for all correspondence after initial filing) JAN 21 2005 U.S. PATENT & TRADEMARK OFFICE | Application Number | 09/751,662 | |
| | Filing Date | December 29, 2000 | |
| | First Named Inventor | Kim L. Richardson | |
| | Art Unit | 3626 | |
| | Examiner Name | Natalie Pass | |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | MARY/006 |

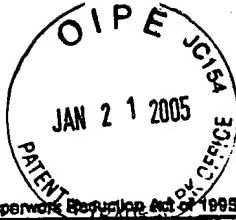
| ENCLOSURES (check all that apply) | | |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b) |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|--|----------|--------|
| Firm | Douglas H. Elliott Moser, Patterson & Sheridan, LLP | | |
| Signature | | | |
| Printed Name | Douglas H. Elliott | | |
| Date | January 18, 2005 | Reg. No. | 32,982 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|---|------|------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
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| Typed or printed name | Douglas H. Elliott | Date | January 18, 2005 |

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PTO/SB/82 (09-04)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE
ADDRESS**

| | |
|------------------------|-------------------|
| Application Number | 09/751,662 |
| Filing Date | December 29, 2000 |
| First Named Inventor | Kim L. Richardson |
| Art Unit | 3826 |
| Examiner Name | Natalie Pass |
| Attorney Docket Number | MARY/006 |

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners at Customer Number : ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number:

OR


| | | | | | |
|--|--------------------|-------|----|-----|------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Douglas H. Elliott | | | | |
| Address | 3015 Duke Street | | | | |
| City | Houston | State | TX | ZIP | 77005-3409 |
| Country | USA | | | | |
| Telephone | (713) 977-8979 | Fax | | | |

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

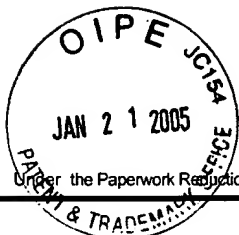
| | | | |
|-----------|---|-----------|----------------|
| Signature |  | | |
| Name | Kim L. Richardson | | |
| Date | 1/17/05 | Telephone | (713) 977-8979 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Kim L. RichardsonApplication No./Patent No.: 09/751,662Filed/Issue Date: December 29, 2000Entitled: PAYMENT METHODS FOR ON-LINE FUNERAL HOME MEMORIALSMarybelle, Inc., a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title, and interest

The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 011764, Frame 0714, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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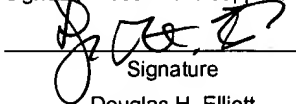
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☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.



Signature

Douglas H. Elliott

Printed or Typed Name

Attorney/Representative

Title_____
January 18, 2005

Date

(713) 977-8979

Telephone Number

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